

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Articulated Neural Electrode Assembly
--------------------	---------------------------------------

Application Number :

Date :

First Named Applicant: Corrinne Stern

Attorney Docket Number: 2003.15

### **TOTAL FEE AUTHORIZED \$ 425**

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

#### **BASIC FILING FEE**

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	2001	385	385
Subtotal For Basic Filing Fees: \$ 385			

#### **EXTRA CLAIM FEES**

Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$
Total Claims : 1	0	2202	9	0
Independent Claims : 1	0	2201	43	0
Subtotal For Extra Claims Fees: \$ 0				

#### **ASSIGNMENT FEES**

Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$
Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40
Subtotal For Additional Fees: \$40					

#### **AUTHORIZED BILLING INFORMATION**

**The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:**

Deposit account number: 037905

Access Code \*\*\*\*

Deposit name: Northstar Neuroscience

Deposit authorized name: Leif R. Sloan

Signature: Leif R. Sloan

Date (YYYYMMDD):

2004-01-13

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).